



RHODE ISLAND DIVISION OF SHERIFFS

PUBLIC RECORDS REQUEST FORM



Date: _____ Request Number: _____

Location: _____

Name (optional): _____

Address (optional): _____

City/Town, State, Zip Code (optional): _____

Telephone Number (optional): (Home): _____ (Work): _____

Requested Records:

If these records are not readily available at the time of your request, please advise whether you would like to:

_____ Pick up the records _____ Records to be sent regular mail

_____ Records to be faxed to Fax Number: (_____) _____

For Office Use Only

Request Taken By: _____ Request Number: _____

Date: _____ Time: _____ Records Available On: _____

Records Provided: _____ Yes _____ No _____ In Part

Date response provided if any exemptions are claimed: _____

Costs for Records: Copies \$ _____ Search and Retrieval \$ _____

Department of Public Safety – Access to Public Records Request Receipt

If you desire to pick up the records, they are expected to be available on _____ at the Department of Public Safety, Rhode Island State Police Headquarters, at the front desk in the main lobby. If, after review of your request, it is determined that the requested records are exempt from disclosure for a reason set forth in R.I.G.L. § 38-2-2(4)(i)(A) through (Y), the department reserves its right to claim such exemptions.

Note: If you choose to pick up the records but did not include identifying information on this form (name, etc.), please inform the officer at the front desk of the date you made the request, records requested and request number. Any parent, guardian or attorney of an involved juvenile requesting records must show identification in order to obtain records, pursuant to R.I.G.L. § 14-1-64.